

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37494**
Registrar's No. **100336**

FILED OCT 30 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY OR TOWN St. Louis, Mo.	c. LENGTH OF STAY (In this place) 2 years	c. CITY OR TOWN E. St. Louis g. 120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 723 Penley Ave. 8	

3. NAME OF DECEASED
(Type or Print) **Violet** a. (First) b. (Middle) c. (Last) **Patterson**

4. DATE OF DEATH (Month) (Day) (Year) **OCT. 18, 1953**

5. SEX **Female** **3** **6. COLOR OR RACE** **Negro** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed** **8. DATE OF BIRTH** **June 10, 1889** **9. AGE** (In years last birthday) **64** IF UNDER 1 YEAR: **4** MONTHS **8** DAYS IF UNDER 12 HRS. **8** MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House Wife** **10b. KIND OF BUSINESS OR INDUSTRY** **Domestic** **11. BIRTHPLACE** (State or foreign country) **Moctice, Miss.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Joseph Griffin** **13b. MOTHER'S MAIDEN NAME** **Nicy Madison** **14. NAME OF HUSBAND OR WIFE** **Widowed**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** **16. SOCIAL SECURITY NO.** **327-12-1629** **17. INFORMANT'S SIGNATURE OR NAME** **Clotel Lee** **ADDRESS** **723 Penley Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarct**

ANTECEDENT CAUSES
DUE TO (b) **Hypertension**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2 hrs**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **4201**

22. I hereby certify that I attended the deceased from **9/1, 1953** **to** **10/18, 1953** **that I last saw the deceased alive on** **10/18, 1953**, **and that death occurred at** **12:40 P.M.**, **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **[Signature]** **23b. ADDRESS** **1324 Mother** **23c. DATE SIGNED** **10/20/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** **10-18-53** **24c. NAME OF CEMETERY OR CREMATORY** **St. Louis Ill.** **24d. LOCATION** (City, town, or county) (State) **E. St. Louis Ill.**

DATE REC'D BY LOCAL REG. **OCT 21 1953** **REGISTRAR'S SIGNATURE** **[Signature]** **25. FUNERAL DIRECTOR'S SIGNATURE** **[Signature]** **ADDRESS** **1036 Tudor Ave.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No.....

Signed Ben H. Baldus

Signed.....
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address P. H. ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.